

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

574

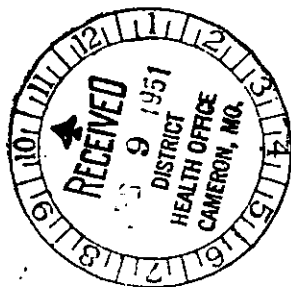
State File No.

BIRTH NO. REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Fishing River</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Fishing River</u>	
c. LENGTH OF STAY (in this place) <u>34 years</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles N.E. Missouri City, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address and location) <u>2 miles North East Mo. City, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>2 miles N.E. Missouri City, Mo.</u>	
3. NAME OF DECEASED (Type or Print) <u>SUSAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 8 1860</u>	
9. AGE (in years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Edenburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jessie Warner</u>		13b. MOTHER'S MAIDEN NAME <u>Tamer Borem</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Calvin Hughes, Sr.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Page, Ex-Sp. R.R.I.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12/9</u> , 19 <u>50</u> , to <u>1/31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/31</u> , 19 <u>51</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>DR. M. C. ...</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>	
23c. DATE SIGNED <u>2/3/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Feb. 1st 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Excelsior Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/1/51</u>		REGISTRAR'S SIGNATURE <u>Caroline Hultchings</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James A. Moles

Licensed Embalmer No. *3296*

P. O. Address *Ex. Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.